PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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		Attorney Docket Nun	nber A076 US			
	I FOR UTILITY OR SIGN	First Named Inventor	Gotwals			
PATENT APPLICATION		COMPLETE IF KNOWN				
	FR 1.63)	Application Number				
M B staretta	□ Dealeastica	Filing Date				
Capitillitoa	OR Submitted after Initial	Group Art Unit				
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

	s a below named inventor, I hereby declare that:										
	My residence, mailing address, and citizenship are as stated below next to my name.										
		believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
	Method for the Treatment of Inflammatory Disorders										
	(Title of the Invention) the specification of which  ☑ is attached hereto										
	OR			as United	States Application	Number or PCT International					
	☐ was filed on (MM/DD/YYYY)	L				(if applicable)					
	Application Number and was amended on (MM/DD/YYYY) (if applicable).										
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
	Prior Foreign Application Number(s)	Country		Foreign Filing Dat	e Priority Not Claimed	Certified Copy Attached? YES NO					
	PCT/US00/15004		PCT	06/01/2000	000						
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
Application Number(s) Filing Date (MM/DD/YYYY)											
	60/137,038		06	/01/1999		al provisional application s are listed on a					
	60/185,336		02	/29/2000		ental priority data sheet					
						/02B attached hereto.					

[Page 1 of 2]
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## **DECLARATION** — Utility or Design Patent Application

Direct all correspondence to:  Customer Number or Bar Code Label  OR Correspondence address below									
Name John T. Li									
Address BIOGEN, INC.									
Address 14 Cambridge Center									
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
NAME OF SOLE OR FIRST INV	ENTOR:			A petit	ion has been fi	led for this unsig	ned inventor		
Given Name Philip (first and middle [if any])				Family or Surr		Gotwals			
Inventor's Signature Date									
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Residence: City West Roxbury State Country Citizenship  Mailing Address 695 LaGrange Street									
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Inventor's Signature Date									
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Mailing Address 119 Lancaster Terrace									
Mailing Address									
City Brookline State MA				ZIP	02446	Country	US		
☑ Additional inventors are being named		pleme	ntal Addition		entor(s) sheet(s) P		hereto.		

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_ of \_\_\_

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor												
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Inventor's Signature												
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Given Name (first and middle [if any]) Family Name or Surname												
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Inventor's Signature						Date						
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Post Office Address												
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Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor								entor				
Given Name (first and middle [if any])					Family Name or Surname							
i												
Inventor's Signature	Date											
Residence: City	sidence: City State			Country			Citizer	Citizenship				
Post Office Address							!					
Post Office Address												
City		State			ZIP		Co					

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